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POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

	REGION	SITE NUMBER (to be as-
ľ		signed by Hq)
		1N 0000 1009

This form is completed for each potential hazardous waste site to help set priorities for site inspection. submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections. GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment), File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460. I. SITE IDENTIFICATION B. STREET (or other identifier) Steel & Wire Co E. Jackson E. ZIP CODE D. STATE F. COUNTY NAME numcel G. OWNER/OPERATOR (if known) 2. TELEPHONE NUMBER H. TYPE OF OWNERSHIP 1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL 5. PRIVATE 6. UNKNOWN I. SITE DESCRIPTION disposal side adjacent to plant J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) K. DATE IDENTIFIED (mo., day, & yr.) atten L. PRINCIPAL STATE CONTACT 1. NAME 2. TELEPHONE NUMBER ann II. PRELIMINARY ASSESSMENT (complete this section last) EPA Region 5 Records Ctr. A. APPARENT SERIOUSNESS OF PROBLEM X 5. UNKNOWN 1. HIGH 2. MEDIUM 3. LOW 4. NONE 303728 B. RECOMMENDATION 1. NO ACTION NEEDED (no hazard) 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: 3. SITE INSPECTION NEEDED b. WILL BE PERFORMED BY: A. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: 4. SITE INSPECTION NEEDED (low priority) C. PREPARER INFORMATION 886 6708 SUDWION III. SITE INFORMATION A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) 2. INACTIVE (Those sites which no longer receive wastes.) B. IS GENERATOR ON SITE? 1. NO 2. YES (specify generator's four-digit SIC Code): C. AREA OF SITE (in acres) D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.) unlingum E. ARE THERE BUILDINGS ON THE SITE?

industral plant

2. YES (specify):

(2) METALS SULVENTS (2) OTHER(specify): (2) NON-HALOGNTD SULVENTS (2) PICKLING LIQUORS (2) ASBESTOS (2) HOSPITAL (3) POTW (3) OTHER(specify): (3) CAUSTICS (3) MILLING/MINE TAILINGS (3) RADIOACTIVE (4) ALUMINUM SLUDGE (4) PESTICIDES (4) FERROUS SMLTG. WASTES (4) MUNICIPAL	Co	Continued From Front														
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A. TRANSPORTER X B. STORER X C. TREATER X D. DISPOSER	Inc															
2. SHIP 2. BARDE 3. DRIVEN 3. DRIVEN 4. TANK. ADOVE GROUND 5. PIPELINE 5. TANK. BELOW GROUND 6. CHEM/PHYS. TREATMENT 6. DTHER (specify): 6. OTHER (specify): 6. OTHER (specify): 7. WASTE OIL REPROCESSING 8. SOLUCEAL TREATMENT 8. MIDWIGHT DUMPING 8. SOLUCEAL TREATMENT 9. OTHER (specify): 8. SOLUCEAL TREATMENT 9. OTHER (specify): 9. OTHER (specify): 9. OTHER (specify): 1. UNKNOWN 1. UNKNOWN 1. UNKNOWN 1. UNKNOWN 1. UNKNOWN 2. CORROSIVE 1. UNKNOWN 2. CORROSIVE 1. UNKNOWN 2. CORROSIVE 1. UNKNOWN 2. ESTIMATE the smount(specify unif of moesure) of waste by category; mark 'X' to indicate which wastes are present. 4. APPROVED TO MEASURE 1. UNKNOWN 4. MOUNT 4. CHEMICALS 4. CHEMICALS 4. SOLIDE 5. OTHER (specify): 6. OTHER (specify): 6. OTHER (specify): 6. OTHER (specify): 7. UNIT OF MEASURE 1. OTHER (specify):					X.						'x'		D. DISPOSER		ISPOSER	
A. HARGE 4. TANK. A DOVE GROUND 4. RECVCLING/RECOVERY 4. SURFACE IMPOUNDMENT 5. PIPELINE 5. TANK. BELOW GROUND 6. RECVCLING/RECOVERY 6. STAKE SELOW GROUND 6. RECVCLING/RECOVERY 7. MASTER THAT. THE TIME TO MEMBER TO SELOW TO MEMBER TO THE REPORT TO SELOW TO MEMBER TO SELOW TO SELOW THE REPORT TO SELOW THE RESULT TO SELOW THE REPORT TO SELOW THE RESULT TO SELOW THE SELECT TO SELECT TO SELECT TO SELECT THE SELECT TO SELECT TO SELECT TO SELECT TO SELECT THE SELECT TO SELECT THE SELECT TO		1. RAIL			1. PILE	_		\prod	1. FILTRATION	1. LANDFIL			I. LANDFIL	- L	.L	
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S. OTHER (specify): S. OTHER (specify):	L				4. TANK,	ΑВ	OVE GROUND	Ц	4. RECYCLING/RECOVERY		1Y	_	4. SURFACE IMPOUNDMENT		MPOUNDMENT	
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(4) ALUMINUM SLUDGE (5) OTHER(specify): (6) CYANIDE (1) PESTICIDES (4) FERROUS (4) MUNICIPAL (5) OTHER(specify): (6) OTHER(specify): (7) PHENOLS (8) HALOGENS		(2) METALS SLUDGES	[](2	2) O THE	R(specify):			3		Ц	(2) ASE	BES	TOS		(2) HOSPITAL	
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(8) HALOGENS									(6) CYANIDE	-	(6) O T I	HEF	(specity):			
									(7) PHENOLS							
(9) PCB									(8) HALOGENS							
									(9) PCB							
(10) METALS		ı							(10) METALS							
(11) OTHER (specity) WWWW		I											:			

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V	. 1	V۸	SI	ΓE	REL	ATED	INFO	RMA1	TION	(continue	ed)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

MY CAMMSTERS buried on Site, New White River

VI. HAZARD DESCRIPTION									
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS					
1. NO HAZARD				Company Co.					
2. HUMAN HEALTH									
3. NON-WORKER 1NJURY/EXPOSURE									
4. WORKER INJURY									
5. CONTAMINATION 5. OF WATER SUPPLY									
6. CONTAMINATION OF FOOD CHAIN									
7. CONTAMINATION OF GROUND WATER									
8. CONTAMINATION 8. OF SURFACE WATER	×								
9. DAMAGE TO FLORA/FAUNA									
10. FISH KILL									
11. CONTAMINATION OF AIR									
12. NOTICEABLE ODORS									
13. CONTAMINATION OF SOIL	×								
14. PROPERTY DAMAGE									
15. FIRE OR EXPLOSION									
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS									
17. SEWER, STORM DRAIN PROBLEMS									
18. EROSION PROBLEMS									
19. INADEQUATE SECURITY		·							
20. INCOMPATIBLE WASTES			1						
21. MIDNIGHT DUMPING									
22. OTHER (specify):									
!			j.						

Continued From Front				-
VII. PERMIT INFORMATION A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. 1. NPDES PERMIT 2. SPCC PLAN 3. STATE PERMIT (apecity): 4. AIR PERMITS 5. LOCAL PERMIT 6. RCRA TRANSPORTER 7. RCRA STORER 8. RCRA TREATER 9. RCRA DISPOSER 10. OTHER (apecity): B. IN COMPLIANCE? 1. YES 2. NO 3. UNKNOWN 4. WITH RESPECT TO (list regulation name & number):				
A. INDICATE ALL APPLI				
CT 1 NDDEC OFFINE)		
):	
i 二		,		
7. RCRA STORER	8. RCRA TREATER	9. RCRA DISPOSER		
10. OTHER (specify)	· _			
B. IN COMPLIANCE?				
1. YES	2. NO	3. UNKNOWN		
4. WITH RESPECT T				
	VIII.	PAST REGULATORY AC	TIONS	
A. NONE	B. YES (summerize below	v)		
ł				
	IX. INSPE	CTION ACTIVITY (past of	or on-going)	
		, and the second		
A. NONE	B. YES (complete items 1	,2,3, & 4 below)		
1. TYPE OF ACTIV			A DESCRIPTION	
11112012011			4.525000	
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	·····	 		·
		1		
	X. REA	MEDIAL ACTIVITY (past	or on-going)	
A. NONE	B. YES (complete items 1	, 2, 3, & 4 below)		
1. TYPE OF ACTIV	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION	

EPA Form T2070-2 (10-79)

information on the first page of this form.

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NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II)